

HISTORY FACILITY PROFILE

INFINIA AT GRANITE HILLS, INC
950 EAST 3300 SOUTH
SALT LAKE CITY UT 84106
STATE'S REGION CODE: 001

PROVIDER #: 465142 FACILITY BEDS
PHONE NUMBER: (801) 486-5121 TOTAL: 72
PARTICIPATION DATE: 02/05/1996 CERTIFIED: 72 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

TYPE ACTION: RECERTIFICATION

TOTAL: 72

TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 03/11/2002

LTC ADMISSION/SUSPENSION DATES

TOTAL CERTIFIED BEDS: 72

TOTAL: 49
MEDICARE: 1
MEDICAID: 41
OTHER: 7

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

18 18/19 19 ICF/MR
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72

CURRENT SURVEY REVISIT DATES - 06/13/2002

PRIOR 3 SURVEY 11/1999	S/S CODE	PRIOR 2 SURVEY 09/2000	S/S CODE	PRIOR 1 SURVEY 08/2001	S/S CODE	CURRENT SURVEY 03/11/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	D						REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	E						REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
X	E			X	D				REQ F0167-SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS
						X C	E	04/26/2002	REQ F0224-FACILITY PROHIBITS ABUSE, NEGLECT
		X	F						REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
X	E								REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	E	X	D				REQ F0257-COMFORTABLE & SAFE TEMPERATURE LEVELS
X	E								REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
		X	D			X C	G	05/31/2002	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	E			X C	B	04/26/2002	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	E			X C	B	04/12/2002	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
		X	D	X	J				REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
				X	D				REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
		X	G						REQ F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES
		X	G	X	E				REQ F0322-PROPER CARE & SERVICES FOR RES W/ NG TUBE
				X	E				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	G						REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
		X	G			X C	G	05/01/2002	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
				X	K				REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
X	E	X	F	X	E	X C	E	05/01/2002	REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
				X	E	X C	D	05/31/2002	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
				X	J	X C	D	04/12/2002	REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
				X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E						REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
		X	E	X	K				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	E				REQ F0430-REPORTS OF IRREGULARITIES ARE ACTED UPON
		X	E	X	K				REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
		X	E	X	K				REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	E			X	E	X C	E	04/08/2002	REQ F0469-MAINTAINS EFFECTIVE PEST CONTROL PROGRAM
				X	E	X C	F	04/12/2002	REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
		X	F						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
									REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
									REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT
SURVEY SURVEY SURVEY SURVEY
09/1999 09/2000 08/2001 03/12/2002

PLAN/DATE
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

X	X	X							K0018-CORRIDOR DOORS
			X C	04/26/2002					K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
X	X		X C	04/12/2002					K0025-SMOKE PARTITION CONSTRUCTION
	X								K0027-DOORS IN SMOKE PARTITIONS
		X							K0029-HAZARDOUS AREAS - SEPARATION
X	X		X C	04/26/2002					K0034-STAIRS AND SMOKE PROOF TOWERS
X									K0038-EXIT ACCESS
X									K0050-FIRE DRILLS
X									K0051-FIRE ALARM SYSTEM
X									K0054-SMOKE DETECTOR MAINTENANCE
	X	X							K0061-MAIN SPRINKLER CONTROL
X	X								K0062-SPRINKLER SYSTEM MAINTENANCE
	X								K0064-PORTABLE FIRE EXTINGUISHERS
		X							K0069-COOKING EQUIPMENT
									K0070-SPACE HEATERS
									K0072-FURNISHING AND DECORATIONS
X	X	X	X C	04/19/2002					K0076-MEDICAL GAS SYSTEM
									K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	10	14	14	5
HEALTH TOTAL	10	14	14	5
LIFE SAFETY CODE	4	6	10	8
LIFE SAFETY CODE + HEALTH	14	20	24	13

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
08/01/2002	UNSUBSTANTIATED
08/21/2002	UNSUBSTANTIATED
09/17/2002	SUBSTANTIATED
11/14/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT